Patent Attorney's Docket No. <u>030681-032</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ln re	e Pate	nt Application of)			
Chu	l-woo	LEE et al.) Group Art Unit: 2877			
App	licatio	on No.: 09/689,757) Examiner: Michael Patrick Stafi	ra		
File	d: -O	ctober-13,-2000	_)_ Confirmation No.: 8067			
For	LI M PI	ENS DEVICE INCLUDING A IGHT CONTROLLING IECHANISM AND AN OPTICAL ICKUP APPARATUS USING A ENS DEVICE))))			
		AMENDMENT/REPLY T	RANSMITTAL LETTER	TECHNOLOGY CENTER.2800	PR.	
Assistant Commissioner for Patents Washington, D.C. 20231						
Sir:				MIES	2003	
	Enclo	osed is a reply for the above-identified p	atent application.	1,280		
	[X]	A Petition for Extension of Time is also	o enclosed.	0		
	[]	A Terminal Disclaimer and the [] \$55 C.F.R. § 1.20(d) are also enclosed.	.00 (2814) [] \$110.00 (1814) fee due under	r 37		
	[X]	Also enclosed is/are Supplemental Re-	issue Declaration		<u>—</u> ·	
	[]	Small entity status is hereby claimed.				
	[]	Applicant(s) request continued examina [] \$375.00 (2801) [] \$750.00 (1801)	ation under 37 C.F.R. § 1.114 and enclose fee due under 37 C.F.R. § 1.17(e).	e the		
		[] Applicant(s) previously submitted requested.	, on, for which continued examina	ition i	is	
	[]	Applicant(s) request suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.				
	[]	A Request for Entry and Consideration (1809/2809) is also enclosed.	n of Submission under 37 C.F.R. § 1.129	(a)		

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[X] No additional claim fee is required.

[] An additional claim fee is required, and is calculated as shown below:

	- No. Of – CLAIMS	HIGHEST NO — OF-CLAIMS — PREVIOUSLY PAID FOR	—EXTRA — CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (1202) =	
Independent Claims		MINUS =		× \$84.00 (1201) =	
If Amendment adds mu	ltiple depend	lent claims, add \$28	30.00 (1203)		
Total Amendment Fee					
If small entity status is	claimed, sub	tract 50% of Total	Amendment F	ee e	

[]	A claim fee in the	amount of \$ is enclosed.
ſ	1	Charge \$	to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE SWECKER & MATHIS J.L.P.

By: //////

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Date: March 26, 2003